

**(Insert LEA/SOP Name) SPECIAL EDUCATION STAFFING SPREADSHEET**

List all staff providing specialized instruction first. Then list all other contracted, as well as salaried related service providers (i.e., interpreters, speech/language, occupational therapists, etc.) on subsequent pages. Please use multiple sheets as necessary. Please reference the Required Credential for Professional Staff Members in the Instructional Programs of South Carolina's Public Schools when completing the certification section.

[illegible]

Name	Position Held	School Name (include "HB" if the staff member provides any homebound or homebased services)	Certification/ License Held	Total Unduplicated Caseload	Current Caseload Count by Disability Category	For each special education provider who instructs students in core content areas (i.e., provides report card grades), list the number of students in each subject area. (May include students not on total caseload.)			
						ELA	MATH	SCIENCE	SOC STUD

Signature of Special Services  
Administrator

\_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Special Services  
Administrator

\_\_\_\_\_ Title: \_\_\_\_\_

Signature of Human Resources  
Administrator

\_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Human Resources  
Administrator

\_\_\_\_\_ Title: \_\_\_\_\_